

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form CDP-5
August 2008
Form must be Typed

EXPLORATION & PRODUCTION WASTE TRANSFER

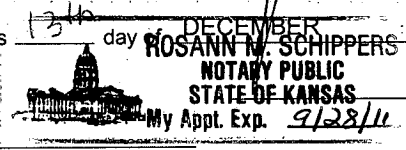
Operator Name: FALCON EXPLORATION INC.		License Number: 5316	
Operator Address: 125 N. MARKET, SUITE 1252, WICHITA, KS 67202			
Contact Person: MICHEAL S MITCHELL		Phone Number: (316) 262 - 1378	
Permit Number (API No. if applicable): 15-025-21509-0000		Lease Name: SWAYZE	
Source of Waste: <input type="checkbox"/> Dike <input type="checkbox"/> Emergency Pit <input type="checkbox"/> Settling Pit <input type="checkbox"/> Workover Pit <input checked="" type="checkbox"/> Drilling Pit <input type="checkbox"/> Burn Pit <input type="checkbox"/> Haul-off Pit <input type="checkbox"/> Steel Pit <input type="checkbox"/> Spill / Escape		Well Number: 2-17(SW)	
		Source Location (QQQQ): <u>SE</u> - <u>NE</u> - <u>NE</u> - <u>SW</u> Sec. <u>17</u> Twp. <u>30</u> R. <u>22</u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West <u>2280</u> Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section <u>2420</u> Feet from <input type="checkbox"/> East / <input checked="" type="checkbox"/> West Line of Section <u>CLARK</u> County	
Type of waste to be disposed: <input type="checkbox"/> Fluid <input type="checkbox"/> Soil <input type="checkbox"/> Mud / Cuttings <input type="checkbox"/> Other: _____			
Amount of waste: _____ No. of loads _____ Barrels _____ Tons _____ YDS			
Destination of waste: <input type="checkbox"/> Reserve Pit <input type="checkbox"/> Haul Off Pit <input type="checkbox"/> Disposal Well <input type="checkbox"/> Lease Road <input type="checkbox"/> Dike / Berm <input type="checkbox"/> Other: _____			
If waste is transferred to another reserve pit, is the lease active? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Location of waste disposal: _____		Date of Waste Transfer: NONE	
Operator Name: _____		License No.: _____	
Lease Name: _____		Sec. _____ Twp. _____ R. _____ <input type="checkbox"/> East <input type="checkbox"/> West	
Docket No./API No.: _____		County: _____	
Comments:			

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DEC 15 2010

KCC WICHITA

The undersigned hereby certifies that he / she is COMPLIANCE OFFICER
for FALCON EXPLORATION INC. (Co.), a duly authorized agent, that all information shown hereon is true
and correct to the best of his / her knowledge and belief.

Subscribed and sworn to before me on this 13th day of DECEMBER, 2010



My Commission Expires: 9/28/11

Rosann M. Schippers

Agent Signature

Notary Public